



**The Emergency Food Assistance Program (TEFAP)  
 Authorized Representative Form**

**Name:** \_\_\_\_\_ **Number of people in household:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

(Client may identify homelessness by writing an "H" in the address line above.)

This table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

2020 Income guidelines		
Family Size	Monthly	Annual
1	\$3,190	\$38,280
2	\$4,310	\$51,720
3	\$5,430	\$65,160
4	\$6,550	\$78,600
5	\$7,670	\$92,040
6	\$8,790	\$105,480
7	\$9,910	\$118,920
8	\$11,030	\$132,360
For each additional member, add \$1,120 per month or \$13,440 per year		

You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the space next to it.

- Low Income Home Energy Assistance Program (LIHEAP)
- Social Security Disability Income/Social Security Income(SSDI/SSI)
- Supplemental Nutrition Assistance Program(SNAP)(formerly known as food stamps)
- Temporary Assistance for Needy Families(TANF)
- Women, Infant, and Children Supplemental Nutrition(WIC)
- Free or Reduced School Lunch Program

By signing below, I declare that my household is in need of food and that the household income is at or below the eligible income levels, OR that I am currently in any one of the programs checked above. I will not sell, barter, or trade food received through this program. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making false certifications may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law. I authorize the following person to act as my authorized representative:

(Name of authorized representative) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_